

October 8, 2002

REVISED CORRESPONDENCE

MDR #: M2.02.1065.01
IRO Certificate No.: IRO 5055

THIS IS TO REVISE CORRESPONDENCE DATED 09.30.02. Please note that the name of the injured worker is _____. This revision reflects no change in the reviewer's original report. We apologize for the inconvenience this may have caused.

In accordance with the requirement for TWCC to randomly assign cases to IROs, TWCC assigned your case to _____ for an independent review. _____ has performed an independent review of the medical records to determine medical necessity. In performing this review, _____ reviewed relevant medical records, any documents provided by the parties referenced above, and any documentation and written information submitted in support of the dispute.

The independent review was performed by a matched peer with the treating health care provider. Your case was reviewed by a physician Board Certified in Physical Medicine and Rehabilitation.

The physician reviewer **AGREES** with the determination of the insurance carrier. The reviewer is of the opinion that a work hardening program of six weeks **is not indicated or medically necessary**.

I am the Secretary and General Counsel of _____ and I certify that the reviewing physician in this case has certified to our organization that there are no known conflicts of interest that exist between him and any of the treating physicians or other health care providers or any of the physicians or other health care providers who reviewed this case for determination prior to referral to the Independent Review Organization.

We are forwarding herewith a copy of the referenced Medical Case Review with reviewer's name redacted. We are simultaneously forwarding copies to the patient, the payor, and the Texas Workers' Compensation Commission. This decision by _____ is deemed to be a Commission decision and order.

YOUR RIGHT TO REQUEST A HEARING

Either party to this medical dispute may disagree with all or part of this decision and has a right to request a hearing.

If disputing a spinal surgery prospective decision a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within ten (10) days of your receipt of this decision (28 Tex. Admin. Code 142.5©)

If disputing other prospective medical necessity (preauthorization) decisions a request for a hearing must be in writing and it must be received by the TWCC Chief Clerk of Proceedings within twenty (20) days of your receipt of this decision (28 Tex. Admin. Code 148.3)

This Decision is deemed received by you five (5) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5 (d)). A request for a hearing should be sent to:

Chief Clerk of Proceedings
Texas Workers' Compensation Commission
P.O. Box 40669
Austin, TX 78704-0012

A copy of this decision should be attached to the request. The party appealing the decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute.

I hereby verify that a copy of this Independent Review Organization (IRO) Decision was sent to the carrier, the requestor and claimant via facsimile or U.S. Postal Service from the office of the IRO on September 30, 2002.

Sincerely,

MEDICAL CASE REVIEW

This is for ____, ____. I have reviewed the medical information forwarded to me concerning MDR #M2-02-1065-01, in the area of Physical Medicine and Rehabilitation. The following documents were presented and reviewed:

A. MEDICAL INFORMATION REVIEWED:

1. The most extensive notes include an extensive amount of physical therapy sessions and functional capacity evaluations.
2. MRI's of the knees showing a Baker's cyst and extensive chondromalacia of the patella.
3. A note from a 3/18/02 visit by ____, apparently an Ear, Nose, and Throat specialist, who noted that, on his examination of this lady's hoarseness problem, examination of the larynx was consistent with possible intubation trauma.
3. Operative report by ____.
4. Office notes postoperatively.
5. Request for work hardening program.

B. BRIEF CLINICAL HISTORY:

This at-that-time 61-year-old lady apparently injured her knees by falling upon them, while at work at ___ on ___. It is a little hard to determine exactly how this occurred, but she had bilateral knee pain and also back pain. For her back pain, she was sent to ___ and had therapy for the back. For her knees, she was noted to have bilateral knee injuries internally, and on December 26, 2001, she underwent bilateral comprehensive diagnostic arthroscopy with bilateral medial lateral meniscectomy, arthroscopic bilateral extensive synovectomy, arthroscopic bilateral lateral release, and bilateral thermal chondroplasty of the patella and medial femoral condyle, performed by ___.

The next note by ___ is on January 22, 2002, stating that the patient "is doing quite well. She has excellent ambulation. She is doing an excellent job in physical therapy at ___, and she is to continue her physical therapy for three weeks and return to my office."

Then, on March 18, 2002, she was seen by ___, an ENT surgeon. She complained of hoarseness, and was noted to have minimal findings, i.e., some edema of the vocal cords, showing that the examination of the larynx was consistent with possible post-intubation trauma.

She eventually had a sleep study and was found to have sleep apnea. It was recommended she have a scoping, I believe, of the cords and distal, but she declined, and was not done, as far as I can tell.

Apparently, on 5/02/02, her knees, after doing extremely well for three months, got worse. The functional capacity evaluations demonstrate that she is simply unable to use her knees, unable to put weight on her knees, and unable to use a treadmill. She was noted to have pain in the knees and low back due to lack of physical activity due to her throat injury.

There is no mention as to what the goal of the work hardening program is, i.e., what job is going back to with her knees having been surgically repaired.

C. DISPUTED SERVICES:

Denial of a work hardening program for six weeks

D. DECISION:

I AGREE WITH THE DETERMINATION OF THE INSURANCE CARRIER IN THAT A WORK HARDENING PROGRAM IS NOT MEDICALLY NECESSARY IN THIS CASE.

E. RATIONALE OR BASIS FOR DECISION:

The medical records do not exactly support the work hardening request, i.e., she was treated primarily for her knee injuries. She had knee surgery, and some of the conditions were clearly of a chronic nature as noted in the diagnostic studies of the knee and probably not related but incidentally found at the time she had the menisci repaired by ____.

Also, she did extremely well a few months postoperatively and then suddenly she became worse and unable to use her knees.

It is not exactly clear to me what happened. Also, it is now almost 10 months since the injury and surgery, and it is not clear how the mild edema of the vocal cords is affecting her return-to-work status.

It is also not known what work she is returning to. A work hardening program needs to be goal-directed as all exercise programs. If her knees became worse since February/March of 2002, one needs to first determine how she became worse. She was apparently doing quite well two months postoperatively with her knees.

Thus, the case is not clear to me as to what the basis for the lack of activity is, i.e., moderate edema of the cords back in March vs. a subsequent worsening of the knee condition.

I am not certain what the condition of her back is, but this also has been having physical therapy.

I think a work hardening program might be useful if it was goal-directed in getting her back to a specific job, but this is not stated, so I will have to pass on this, but it is disturbing that her condition worsened markedly after she had an Ear, Nose and Throat examination and it was determined that she may have suffered from post-intubation problems and had edema post-intubation.

Thus, in my opinion, because it is unclear why her knees suffered a demise after doing extremely well postoperatively, a work hardening program, in my mind at least at this point, is not indicated.

It appeared that there is pathology which a work hardening program would not alleviate, and also the work hardening program is, as best I can tell, not goal-directed. Thus, one has no way of knowing exactly what to spend time and effort on in returning this lady to work, whether it is her breathing problem with her vocal cords, her speech problem, her back problem, or her knee problem which seems to have deteriorated after it had virtually fully recovered, according to her surgeon, ____.

F. DISCLAIMER:

The opinions rendered in this case are the opinions of this evaluator. This medical evaluation has been conducted on the basis of the documentation as provided to me with the assumption that the material is true, complete and correct. If more information becomes available at a later date, then additional service, reports or consideration may be requested. Such information may or may not change the opinions rendered in this evaluation. My opinion is based on the clinical assessment from the documentation provided.